Montana 2001 Behavioral Risk Factor Surveillance System Questionnaire

CORE SECTIONS
Section 1: Health Status
Section 2: Health Care Access
Section 3: Exercise
Section 4: Hypertension Awareness
Section 5: Cholesterol Awareness
Section 6: Asthma
Section 7: Diabetes
Section 8: Arthritis
Section 9: Immunization
Section 10: Tobacco Use
Section 11: Alcohol Consumption
Section 12: Firearms
Section 13: Demographics
Section 14: Disability
Section 15: Physical Activity
Section 16: Prostate Cancer Screening
Section 17: Colorectal Cancer Screening
Section 18: HIV/AIDS
OPTIONAL MODULES
Module 1: Diabetes
Module 8: Heart Attack and Stroke
Module 9: Cardiovascular Disease
Module 10: Fruits and Vegetables
Module 11: Weight Control
Module 13: Tobacco Indicators
Module 14: Other Tobacco Products
STATE-ADDED Questions
Native American Demographic
SA_Diabetes
SA_Immunizations
SA_Asthma
SA_Drug Use
SA_Traffic Safety
SA_Firearms
SA_Tobacco Use Prevention

HELLO, I'm	(na	me) calling for the	(health department)
			We're gathering information on the health
practices of	(state	residents	to guide state health policies. Your phone
number has be	een chosen	andomly, and we'd like to as	sk some questions about day-to-day living
habits that may	y affect hea	lth.	
Is this(phoi	<u>ne number)</u>	?	Thank you very much, but I seem to
			have dialed the wrong number, It's
			possible that your number may be
			called at a later time. Stop

	-	-	ar household to be interviewed. How
many member	s of your ho	busehold, including yourself,	are 18 years of age or older?
		N	
		Number of adults	
If "1"	Are you th	a adult?	
11 1	Are you in	e aduit!	
	If "yes"	Then you are the person I no	eed to speak with. Enter 1 man or 1
	II yes	· ·	if necessary). Go to page 2
		women selow (rish genuer	n necessary). Go to page 2
	If "no"	Is the adult a man or a wom	an? Enter 1 man or 1 women below.
	-		m/her) from previous question]? Go to
		"correct respondent" at b	
		•	. 0
How many of	these adults	s are men and how many are	women?
		Number of men	
	_	Number of women	
The person in your household that I need to speak with is			
			If "you," go to page 2
T	1 4		11. 6 4 4 14 1 4 2
To correct res	spondent		calling for the (health department)
			for Disease Control and Prevention. We're
		gathering information on the	
			th policies. You have been chosen
			and we'd like to ask some questions about
		day-to-day living habits that	i may affect nealth.

(72)

We do not ask for your name, address, or other personal information that identifies you. The
phone number is erased once we finish all interviews at the end of the year. There are no risks or
benefits to you being in this survey. Taking part is up to you. You don't have to answer any
question you don't want to, and you are free to end the interview at any time. The interview
takes minutes. All information you give us will be confidential. If you have any
questions about this survey, I will provide a toll free telephone number for you to call to get
more information

Section 1: Health Status

1.1. Would you say that in general your health is:

	Please Read
1	Excellent
2	Very good
3	Good
4	Fair
	or
5	Poor

Do not read	7	Don't know/Not sure
these responses	9	Refused

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

		Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (75-76)

Number of days
None If Q1.2 also "None," go to Q2.1
Don't know/Not sure

9 9 Refused

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-78)

Number of days

- 8 8 7 7 9 9 None
- Don't know/Not sure
- Refused

Section 2: Health Care Access

2.1.	Do you have any kind of health care coverage, including health insurance, prepaid	l plans
	such as HMOs, or government plans such as Medicare?	(79)

- 1 Yes
- 2 No **Go to Q2.3**
- 7 Don't know/Not sure **Go to Q2.3**
- 9 Refused **Go to Q2.3**
- 2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- 2.3. Do you have one person you think of as your personal doctor or health care provider?

(81)

If "no," ask	1	Yes, only one
"Is there more	2	More than one
than one or is	3	No

than one or is 3 No

there <u>no</u> person 7 Don't know/Not sure

who you think of?"9 Refused

Section 3: Exercise

- 3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 4: Hypertension Awareness

4.1.	Have you ever been told by a doctor, nurse, or other health professional that you high blood pressure?		you have (83)
	1	Yes	
	2	No Go to Q5.1	
	7	Don't know/Not sure Go to Q5.1	
	9	Refused Go to Q5.1	
4.2.	Are you currently taking medicine for your high blood pressure?		(84)
	1	Yes	
	2	No	
	7	Don't know/Not sure	
	9	Refused	

Section 5: Cholesterol Awareness

5.1.	Blood cholesterol is a fatty substance found in the blood. Have you ever had your cholesterol checked?		
	1	Yes	
		No Go to Q6.1	
	2 7	Don't know/Not sure Go to Q6.1	
	9	Refused Go to Q6.1	
5.2.	About how lo	ng has it been since you last had your blood cholesterol checked?	(86)
		Read Only if Necessary	
	1	Within the past year (1 to 12 months ago)	
		Within the past 2 years (1 to 2 years ago)	
	2 3	Within the past 5 years (2 to 5 years ago)	
	4	5 or more years ago	
	7	Don't know/Not sure	
	9	Refused	
5.3.	Have you ever been told by a doctor, nurse, or other health professional that your be cholesterol is high?		r blood (87)
			(0,)
	1	Yes	
	2 7	No	
		Don't know/Not sure	
	9	Refused	

Section 6: Asthma

6.1.	Have you ever been told by a doct	or, nurse, or othe	er health professional	that you had
	asthma?			(88)

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don't know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**
- 6.2. Do you still have asthma?

(89)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and	1	Yes
female, ask	2	Yes, but female told only during pregnancy
"Was this	3	No
only when	7	Don't know/Not sure
you were pregnant?"	9	Refused

Section 8: Arthritis

8.1.	During the past 12 months, have you had pain, aching, stiffness or swelling in or a joint?			
	1	Yes		
	2	No Go to Q8.5		
	7	Don't know/Not sure Go to Q8.5		
	9	Refused Go to Q8.5		
8.2.	Were these syn	nptoms present on most days for at least one month?	(92)	
	1	Yes		
	2	No		
	7	Don't know/Not sure		
	9	Refused		
8.3.	Are you now li	mited in any way in any activities because of joint symptoms?	(93)	
	1	Yes		
	2	No		
	7	Don't know/Not sure		
	9	Refused		
8.4.	Have you ever symptoms?	seen a doctor, nurse, or other health professional for these joint	(94)	
	1	Yes		
	2	No		
	7	Don't know/Not sure		
	9	Refused		
8.5.	Have you ever	been told by a doctor that you have arthritis?	(95)	
	1	Yes		
	2	No		
	7	Don't know/Not sure		
	9	Refused		

Are you currently being treated by a doctor for arthritis? (96) 8.6.

- Yes
- 1 2 No
- 7 9 Don't know/Not sure
- Refused

Section 9: Immunization

9.1.	During the past 12 months, have you had a flu shot?		(97)
	1	Yes	
	2	No	
	7	Don't know/Not sure	
	9	Refused	

- 9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs 1 Yes

= 100 2 No Go to Q11.1

cigarettes 7 Don't know/Not sure Go to Q11.1

9 Refused **Go to Q11.1**

- 10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)
 - 1 Every day
 - 2 Some days
 - 3 Not at all **Go to Q11.1**
 - 9 Refused Go to Q11.1
- 10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 11: Alcohol Consumption

11.1.	A drink of alcohol is 1 can or bottle of beer, 1 glass of wine,	1 can or bottle of wine
	cooler, 1 cocktail, or 1 shot of liquor. During the past 30 da	ys, how often have you had
	at least one drink of any alcoholic beverage?	(102-104)

1	Days per week
2	Days in past 30
8 8 8	No drinks in past 30 days Go to Q12.1
777	Don't know/Not sure Go to Q12.1
999	Refused Go to O12.1

11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

Number of drinks
Don't know/Not sure
Refused

11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

Number of times

None

Don't know/Not sure

Refused

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

- 12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 13: Demographics

13.1. What is your age? (110-111)

Code age in years
0 7 Don't know/Not sure
0 9 Refused

13.2. Are you Hispanic or Latino? (112)

1 Yes 2 No

7 Don't know/Not sure

9 Refused

13.3. Which one or more of the following would you say is your race? (113-118)

		Please Read
Mark all	1	White
that apply	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify]
	8	No additional choices
Do not read	7	Don't know/Not sure
these responses	9	Refused

	If more than one response to Q13.3, continue. Otherwise, go to Q13.5			
13.4.	Which one of t	these groups would you say best represents your race?	(119)	
	1	White		
	2	Black or African American		
	3	Asian		
	4	Native Hawaiian or Other Pacific Islander		
	5	American Indian, Alaska Native		
	6	Other [specify]		
	7	Don't know/Not sure		
	9	Refused		
13.5.	Are you:		(120)	
		Please Read		
	1	Married		
	2	Divorced		
	2 3	Widowed		
	4	Separated		
	5	Never married		
		or		
	6	A member of an unmarried couple		
read	9	Refused		
13.6.	How many chi	ldren less than 18 years of age live in your household?	(121-122)	

Number of children

None Refused

8 9 9

Do not

13.7.	What is the higher	st grade or year of school you completed?	(123)
		Read Only if Necessary	
	1	Never attended school or only attended kindergarten	
	2	Grades 1 through 8 (Elementary)	
	3	Grades 9 through 11 (Some high school)	
	4	Grade 12 or GED (High school graduate)	
	5	College 1 year to 3 years (Some college or technical se	chool)
	6	College 4 years or more (College graduate)	
	9	Refused	
13.8.	Are you currently	:	(124)
		Please Read	
	1	Employed for wages	
	2	Self-employed	
	3	Out of work for more than 1 year	
	4	Out of work for less than 1 year	
	5	A Homemaker	
	6	A Student	
	7	Retired	
		or	
	8	Unable to work	
Do not read	9	Refused	

13.9. Is your annual household income from all sources: (125-126)Read as Appropriate If respondent 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000) refuses at 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02 any income (\$15,000 to less than \$20,000) level, code 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01 refused (\$10,000 to less than \$15,000) 0 1 Less than \$10,000 If "no," code 02 0 5 Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000) 0 6 Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000) 0.7 Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000) 0 8 \$75,000 or more Do not read 7 7 Don't know/Not sure 9 9 Refused these responses 13.10. About how much do you weigh without shoes? (127-129)Round Weight fractions up pounds 7 7 7 Don't know/Not sure 9 9 9 Refused 13.11. About how tall are you without shoes? (130-132)Round Height fractions ft/inches down 7 7 7 Don't know/Not sure 9 9 9 Refused 13.12. What county do you live in? (133-135)FIPS county code Don't know/Not sure

9 9 9

Refused

13.13.		re than one telephone number in your household? Do not includers that are only used by a computer or fax machine.	(136)
	1 2 7 9	Yes No Go to Q13.15 Don't know/Not sure Go to Q13.15 Refused Go to Q13.15	
13.14.	How many of the	ese are residential numbers?	(137)
	7 9	Residential telephone numbers [6=6 or more] Don't know/Not sure Refused	
13.15.	How many adult	members of your household currently use a cell phone for any p	ourpose? (138)
	8 7 9	Number of adults None Don't know/Not sure Refused	(136)
13.16.	Indicate sex of re	espondent. Ask only if necessary	(139)
	1 2	Male Go to Q14.1 Female	
	I	f respondent 45 years old or older, go to Q14.1	
13.17.	To your knowled	ge, are you now pregnant?	(140)
	1 2 7 9	Yes No Don't know/Not sure Refused	

Section 14: Disability

The following questions are about health problems or impairments you may have.

- 14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- 14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

Include occa-	1	Yes
sional use or	2	No

use in certain 7 Don't know/Not sure

circumstances 9 Refused

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

15.1. When you are at work, which of the following best describes what you do?

(143)

Would you say: Please Read

If respondent has	1	Mostly sitting or standing
multiple jobs,	2	Mostly walking
include all jobs	or	
	3	Mostly heavy labor or physically demanding work
Do not read	7	Don't know/Not sure
these responses	9	Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 15.2. Now, thinking about the moderate physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q13.8] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)
 - 1 Yes
 - 2 No **Go to Q15.5**
 - 7 Don't know/Not sure **Go to Q15.5**
 - 9 Refused Go to Q15.5
- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)
 - ____ Days per week
 - 7 7 Don't know/Not sure
 - 9 9 Refused

15.4.	On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)		
	7 : 7 7	Hours and minutes per day Don't know/Not sure	

- 15.5. Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q13.8] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)
 - 1 Yes

9 9 9

2 No **Go to Q16.1**

Refused

- 7 Don't know/Not sure **Go to Q16.1**
- 9 Refused Go to Q16.1
- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)
 - Days per week
 Don't know/Not sure
 Refused
- 15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)
 - Hours and minutes per day
 7 7 7 Don't know/Not sure
 9 9 9 Refused

Section 16: Prostate Cancer Screening

	If respondent is 39 years old or younger, or is female, go to Q17.1				
16.1.		fic Antigen test, also called a PSA test, is a blood test user. Have you ever had a PSA test?	ed to check men (156)		
	1	Yes			
	2	No Go to Q16.3			
	7	Don't Know/not Sure Go to Q16.3			
	9	Refused Go to Q16.3			
	,	Refused Go to Q10.5			
16.2.	How long has it b	peen since you had your last PSA test?	(157)		
		Read Only if Necessary			
	1	Within the past year (1 to 12 months ago)			
	2	Within the past 2 years (1 to 2 years)			
	3	Within the past 3 years (2 to 3 years)			
	4	Within the past 5 years (3 to 5 years)			
	5	5 or more years ago			
	7	Don't know			
	9	Refused			
16.3.	places a gloved fi	kam is an exam in which a doctor, nurse, or other health inger into the rectum to feel the size, shape, and hardness ever had a digital rectal exam?	-		
	1	Yes			
	2	No Go to Q16.5			
	7	Don't know/Not sure Go to Q16.5			
	9	Refused Go to Q16.5			
16.4.	How long has it b	peen since your last digital rectal exam?	(159)		
	1	Within the past year (1 to 12 months ago)			
	2	Within the past 2 years (1 to 2 years)			
	3	Within the past 3 years (2 to 3 years)			
	4	Within the past 5 years (3 to 5 years)			
	5	5 or more years ago			
	7	Don't know/Not sure			

Refused

(160)

	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused
16.6.	•	brother, son, or grandfather ever been told by a doctor, nurse, or health the had prostate cancer? (161)
	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had

prostate cancer?

Section 17: Colorectal Cancer Screening

If respondent 49 years old or younger, go to HIV/AIDS Section

- 17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)
 - 1 Yes
 - 2 No **Go to Q17.3**
 - 7 Don't know/Not sure **Go to Q17.3**
 - 9 Refused Go to Q17.3
- 17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- Within the past 2 years (1 to 2 years ago)
- Within the past 5 years (2 to 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused
- 17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164)
 - 1 Yes
 - 2 No Go to HIV/AIDS Section
 - 7 Don't know/Not sure **Go to HIV/AIDS Section**
 - 9 Refused **Go to HIV/AIDS Section**
- 17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

(165)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- Within the past 2 years (1 to 2 years ago)
- Within the past 5 years (2 to 5 years ago)
- Within the past 10 years (5 to 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 18: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)
 - 1 True
 - False
 - 7 Don't know/Not Sure
 - 9 Refused
- 18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)
 - 1 True
 - 2 False Go to Q18.4
 - 7 Don't know/Not Sure **Go to O18.4**
 - 9 Refused Go to Q18.4
- 18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

Please Read

- 1 Very effective
- 2 Somewhat effective

or

3 Not at all effective

Do not read 7 Don't know/Not sure

these responses 9 Refused

18.4. How important do you think it is for people to know their HIV status by getting tested? (169)

Would you say:

	Please Read
1	Very important
2	Somewhat important
	or
3	Not at all important
7	Don't Imarry/Mat grans

Do not read 7 Don't know/Not sure these responses 9 Refused

Refused

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (170)

Include	1	Yes
saliva tests	2	No Go to Q18.9
	7	Don't know/Not sure Go to Q18.9
	9	Refused Go to O18.9

18.6. Not including blood donations, in what month and year was your last HIV test? (171-174)

Include ___/_ Code month and year saliva tests 7 7 7 7 Don't know/Not sure 6 6 6 6 Refused

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?

(175-176)

	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

	Facility code
	Read Only if Necessary
0 1	Private doctor, HMO
0 2	Blood bank, plasma center, Red Cross
0 3	Health department
0 4	AIDS clinic, counseling, testing site
0 5	Hospital, emergency room, outpatient clinic
0 6	Family planning clinic
0 7	Prenatal clinic, obstetrician's office
0 8	Tuberculosis clinic
0 9	STD clinic
1 0	Community health clinic
1 1	Clinic run by employer
1 2	Insurance company clinic
1 3	Other public clinic
1 4	Drug treatment facility
1 5	Military induction or military service site
1 6	Immigration site
1 7	At home, home visit by nurse or health worker
1 8	At home using self-sampling kit
1 9	In jail or prison
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

OR

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 1: Diabetes

To be asked following core Q7.1 if response is "yes"			
1.	How old were y	ou when you were told you have diabetes?	(180-181)
	9 8 9 9	Code age in years [97 = 97 and older] Don't know/Not sure Refused	
2.	Are you now tal	king insulin?	(182)
	1 2 9	Yes No Refused	
3.	Are you now tal	king diabetes pills?	(183)
	1 2 7 9	Yes No Don't know/Not sure Refused	
4.	About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (1 186)		
	1 2 3 4 8 8 8 7 7 7 9 9 9	Times per day Times per week Times per month Times per year Never Don't know/Not sure Refused	

5.	About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)		
	1 2 3 4 8 8 8 5 5 5 7 7 7 9 9 9		
6.	Have you ever ha heal?	d any sores or irritations on your feet that took more than four weeks to (190)	
	1 2 7 9	Yes No Don't know/Not sure Refused	
7.		times in the past 12 months have you seen a doctor, nurse, or other al for your diabetes? (191-192) Number of times None Don't know/Not sure Refused	

- 8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)
 - ____ Number of times [76 = 76 or more]
 - 8 8 None
 - 9 8 Never heard of hemoglobin "A one C" test
 - 7 7 Don't know/Not sure
 - 9 9 Refused

If "no feet" to Q5, go to Q10

- 9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)
 - __ _ Number of times
 - 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused
- 10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

- 1 Within the past month (0 to 1 month ago
- Within the past year (1 to 12 months ago)
- Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

- 11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

 1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused
- 12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Module 8: Heart Attack and Stroke

9

Refused

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1.		ch of the fol no, or you'r	llowing do you think is a symptom of a heart attack. For each, tell ne not sure.	ne
	a.	Do you t attack?	think pain or discomfort in the jaw, neck, or back are symptoms of a	heart 282)
		1	Yes	
		2	No	
		7	Don't know/Not sure	
		9	Refused	
	b.	Do you t	think feeling weak, lightheaded, or faint are symptoms of a heart atta	ack? 283)
		1	Yes	,
		2	No	
		7	Don't know/Not sure	
		9	Refused	
	c.	(Do you	think) chest pain or discomfort (are symptoms of a heart attack?)	284)
		1	Yes	204)
		2	No	
		7	Don't know/Not sure	
		9	Refused	
	d.	(Do you attack?)	think) sudden trouble seeing in one or both eyes (is a symptom of a	heart 285)
		1	Yes	
		2	No	
		7	Don't know/Not sure	

e.	(Do you the heart attack)	hink) pain or discomfort in the arms or shoulder (are symptoms ek?)	of a (286)
	1 2 7 9	Yes No Don't know/Not sure Refused	
f.	(Do you th	hink) shortness of breath (is a symptom of a heart attack?)	(287)
	1 2 7 9	Yes No Don't know/Not sure Refused	
	of the follo	owing do you think is a symptom of a stroke. For each, tell me	yes, no, (288)
a.	Do you th	ink sudden confusion or trouble speaking are symptoms of a str	oke?
	1 2 7 9	Yes No Don't know/Not sure Refused	
b.	•	ink sudden numbness or weakness of face, arm, or leg, especial are symptoms of a stroke?	ly on (289)
	1 2 7 9	Yes No Don't know/Not sure Refused	
c.	(Do you the stroke?)	hink) sudden trouble seeing in one or both eyes (is a symptom o	f a (290)
	1 2 7 9	Yes No Don't know/Not sure Refused	

2.

d.	(D0 y0	1 2 7	Yes No Don't know/Not sure	(291)
		9	Refused	
	e.	•	nink) sudden trouble walking, dizziness, or loss of balance (are of a stroke?)	(292)
		1	Yes	
		2	No	
		7	Don't know/Not sure	
		9	Refused	
	f.	(Do you th	nink) severe headache with no known cause (is a symptom of a s	stroke?) (293)
		1	Yes	
		2	No	
		7	Don't know/Not sure	
		9	Refused	
3.	If you would		neone was having a heart attack or a stroke, what is the first thir	ng you (294)
			Please Read	
		1	Take them to the hospital	
		2 3	Tell them to call their doctor	
		3	Call 911	
		4	Call their spouse or a family member	
			or	
		5	Do something else	
Do not read		7	Don't know/Not sure	
these respons	es	9	Refused	

Module 9: Cardiovascular Disease

1.	1010	To lower your risk of developing heart disease or stroke, are you					
	a.	Eating	g fewer high fat or high cholesterol foods?	(295)			
		1 2 7 9	Yes No Don't know/Not sure Refused				
	b.	Eating	g more fruits and vegetables?	(296)			
		1 2 7 9	Yes No Don't know/Not sure Refused				
	c.	More	physically active?	(297)			
		1 2 7 9	Yes No Don't know/Not sure Refused				
2.	With	in the pa	st 12 months, has a doctor, nurse, or other hea	Ith professional told you to (298)			
	a.	Eat fe	wer high fat or high cholesterol foods?				
		1 2 7 9	Yes No Don't know/Not sure Refused				
	b.	Eat m	ore fruits and vegetables?	(299)			
		1 2 7 9	Yes No Don't know/Not sure Refused				
	c.	Be mo	ore physically active?	(300)			

	2	No	
	7	Don't know/Not sure	
	9	Refused	
		urse, or other health professional ever told you	a that you had any of the (301)
a.	A heart	attack, also called a myocardial infarction	
	1	Yes	
		No	
	7		
	9	Refused	
b.	Angina	or coronary heart disease	(302)
	1	Yes	
	2	No	
	7	Don't know/Not sure	
	9	Refused	
c.	A stroke	e	(303)
	1	Yes	
	7		
	9	Refused	
		16 !! !! / O2 / / O/! · /	0.5
		If "yes" to Q3a continue. Otherwise, go to) Q 5.
At v	what age di	d you have your first heart attack?	(304-305)
		Code age in years	
	$\frac{-7}{7}$		
	0 ,		
	follo a. b.	9 Has a doctor, n following? a. A heart 1 2 7 9 b. Angina 1 2 7 9 c. A strok 1 2 7 9 At what age di	7 Don't know/Not sure 9 Refused Has a doctor, nurse, or other health professional ever told you following? a. A heart attack, also called a myocardial infarction 1 Yes 2 No 7 Don't know/Not sure 9 Refused b. Angina or coronary heart disease 1 Yes 2 No 7 Don't know/Not sure 9 Refused c. A stroke 1 Yes 2 No 7 Don't know/Not sure 9 Refused c. A stroke 1 Yes 2 No 7 Don't know/Not sure 9 Refused If "yes" to Q3a continue. Otherwise, go to the continue of

Yes

1

If "yes" to Q3c, continue.	Otherwise,	go to O6.
----------------------------	------------	-----------

5. At what age did you have your first stroke?

(306-307)

___ Code age in years

0 7 Don't know/Not sure

0 9 Refused

If "yes" to question 3a or 3c, continue Otherwise, go to Q7.

- 6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab.". (308)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

If respondent is aged 35 years or older continue with Q7 otherwise go to the next module.

7. Do you take aspirin daily or every other day?

- 1 Yes Go to Q9
- 2 No
- 7 Don't know/Not sure
- 9 Refused
- 8. Do you have a health problem or condition that makes taking aspirin unsafe for you?

(310)

(309)

If "yes," ask "Is this 1 Yes, not stomach related **Go to Next Module** a stomach condi- 2 Yes, stomach problems **Go to Next Module**

tion?" Code 3 No Go to Next Module

upset stomachs as 7 Don't know/Not sure Go to Next Module

stomach problems 9 Refused Go to Next Module

9.	Why	Why do you take aspirin				
	a.	To relieve pain?				
		1	Yes			
		2	No			
		7	Don't know/Not sure			
		9	Refused			
	b. To reduce the chance of a heart attack?		duce the chance of a heart attack?	(312)		
		1	Yes			
		2	No			
		7	Don't know/Not sure			
		9	Refused			
	c.	To red	duce the chance of a stroke?	(313)		
		1	Yes			
		2	No			
		7	Don't know/Not sure			
		9	Refused			

Module 10: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1.	How often do you	drink fruit juices such as orange, grapefruit, or tomato?	(314-316)
	$\begin{array}{c} 3 \\ 4 \\ \hline 5 \\ \hline 5 \end{array}$	Per week Per month Per year Never Don't know/Not sure	
2.	1 2 3 4 5 5 5	Per week Per month Per year Never Don't know/Not sure	(317-319)
3.	3 4 5 5 5	Per day Per week Per month Per year Never Don't know/Not sure	(320-322)

4.	How often do you	eat potatoes not including french fries, fried potatoes, o	r potato chips? (323-325)
	1 2 3 4 5 5 5 7 7 7 9 9 9	Per day Per week Per month Per year Never Don't know/Not sure Refused	
5.	How often do you	eat carrots?	(326-328)
	1 2 3 4 5 5 5 7 7 7 9 9 9	Per day Per week Per month Per year Never Don't know/Not sure Refused	
6.	Not counting carreat?	ots, potatoes, or salad, how many servings of vegetables	do you usually (329-331)
Example:	1	Per day	
A serving of	1 2 3	Per week Per month	
vegetables at both lunch	3 <u> </u>		
and dinner	$\frac{4}{5} {5} {5}$	Never	
would be two servings	7 7 7 9 9 9	Don't know/Not sure Refused	

Module 11: Weight Control

	1.	Are you now trying to lose weight?		(332)	
		1 2 7 9	Yes Go to Q3 No Don't know/Not sure Refused		
	2.	Are you now trying	ng to maintain your current weight, that is to keep from	gaining weight?	
		1 2 7 9	Yes No Go to Q6 Don't know/Not sure Go to Q6 Refused Go to Q6		
	3.	Are you eating ei	ther fewer calories or less fat to		
		lose weight? [if "	Yes" on Q1]		
		keep from gaining	g weight? [if "Yes" on Q2]	(334)	
Probe for which		1 2 3 4 7 9	Yes, fewer calories Yes, less fat Yes, fewer calories and less fat No Don't know/Not sure Refused		
	4.	Are you using ph	ysical activity or exercise to		
		lose weight? [if "	Yes" on Q1]		
		keep from gaining	g weight? [if "Yes" on Q2]	(335)	
		1 2 7 9	Yes No Don't know/Not sure Refused		

5. How much would you like to weigh? (336-338)

Weightpounds7 7 79 9 9WeightDon't know/Not sureRefused

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (339)

Probe
1 Yes, lose weight
for 2 Yes, gain weight
which 3 Yes, maintain current weight
4 No
7 Don't know/Not sure
9 Refused

Module 13: Tobacco Indicators

If "yes" to core Q10.1, continue. Otherwise, go to Q6

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs?

(347-348)

- __ _ Code age in years
- 7 7 Don't know/Not sure
- 9 9 Refused
- 2. How old were you when you first started smoking cigarettes regularly? (349-350)
 - __ Code age in years
 - 8 8 Never smoked regularly **Go to Q6**
 - 7 7 Don't know/Not sure
 - 9 9 Refused

If "refused to core Q10.2, go to Q6

If "not at all" to core Q10.2, continue. Otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (351-352)

Read Only if Necessary

- 0 1 Within the past month (0 to 1 month ago)
- 0 2 Within the past 3 months
- 0 3 Within the past 6 months
- 0 4 Within the past year
- 0 5 Within the past 5 years **Go to Q6**
- 0 6 Within the past 10 years **Go to Q6**
- 0 7 10 or more years ago **Go to Q6**
- 7 7 Don't know/Not sure **Go to Q6**
- 9 9 Refused Go to Q6

4.	any kind of care	for yourself? (353)		
	1	N/		
	1	Yes		
	2 7	No Go to Q6 Don't know/Not sure Co to Q6		
	9	Don't know/Not sure Go to Q6 Refused Go to Q6		
	9	Refused Go to Qo		
5.	In the past 12 moquit smoking?	onths, has a doctor, nurse, or other health professional advised yo	ou to (354)	
	1	Yes		
	2	No		
	7	Don't know/Not sure		
	9	Refused		
6. Do not read these respo	1 2 3 4	Please Read Smoking is not allowed anywhere inside your home Smoking is allowed in some places or at some times Smoking is allowed anywhere inside the home or There are no rules about smoking inside the home Don't know/Not sure Refused	(355)	
If'	'employed" or "sel	f-employed" to core Q13.8, continue. Otherwise, go to next 1	module.	
7.	While working a	at your job, are you indoors most of the time?	(356)	
	1	Yes		
	2	No Go to Next Module		
	7	Don't Know/Not Sure Go to Next Module		
	9	Refused Go to Next Module		

8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (357)

		Please Read
For workers who	1	Not allowed in any public areas
visit clients, "place2	Allow	red in some public areas
of work" means	3	Allowed in all public areas
their base location		or
	4	No official policy
Do not read	7	Don't know/Not sure
these responses	9	Refused

9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

		Please Read
	1	Not allowed in any work areas
	2	Allowed in some work areas
	3	Allowed in all work areas
		or
	4	No official policy
Do not read	7	Don't know/Not sure
	,	
these responses	9	Refused

Module 14: Other Tobacco Products

1.	Have you eve snuff?	r used or tried any smokeless tobacco products such as chewing tobacco or (359)
	1	Yes
	2	No Go to Q3
	7	Don't know/Not sure Go to Q3
	9	Refused Go to Q3
	,	Refused Go to Qo
2.	Do you curre	ntly use chewing tobacco or snuff every day, some days, or not at all? (360)
	1	Every day
	2	Some days
	3	Not at all
	7	Don't know/Not sure
	9	Refused
3.	Have you ever smoked a cigar, even one or two puffs?	
	1	Yes
	2	No Go to Q5
	7	Don't know/Not sure Go to Q5
	9	Refused Go to Q5
4.	Do you now s	smoke cigars every day, some days, or not at all? (362)
	1	Every day
	2	Some days
	3	Not at all
	7	Don't know/Not sure
	9	Refused
5.	Have you eve	r smoked tobacco in a pipe, even one or two puffs? (363)
	1	Yes
	2	No Go to Q7
	7	Don't know/Not sure Go to Q7
	9	Refused Go to Q7

6.	Do you now smoke a pipe every day, some days, or not at all?		
	1 2 3 7 9	Every day Some days Not at all Don't know/Not sure Refused	
7.	A bidi is a flav puffs?	vored cigarette from India Have you ever smoked a bidi, even	one or two (365)
	1 2 7 9	Yes No Go to Closing Statement Don't know/Not sure Go to Closing Statement Refused Go to Closing Statement	
8.	Do you now s 1 2 3 7 9	moke bidis every day, some days, or not at all? Every day Some days Not at all Don't know/Not sure Refused	(366)

(403)

Montana 2001 State-Added BRFSS Questions

STATE-ADDED DEMOGRAPHIC QUESTION TO BE ASKED FOLLOWING CORE DEMOGRAPPHIC QUESTION ASKING ABOUT SPANISH/HISPANIC ORIGIN

S1. Are you American Indian or of American Indian origin? (400)
1 = Yes 2 = No 7 = Don't Know/Not Sure 9 = Refused
STATE-ADDED DIABETES SCREENING QUESTIONS TO BE ASKED AFTER OPTIONAL DIABETES MODULE. PERSONS RESPONDING 'YES' (01) TO THE DIABETES CORE MODULE SHOULD GO TO S8
S2. Glucose is a substance found in your blood. Have you ever had your blood glucose or sugar checked to see if you have diabetes? (401) 1 = Yes 2 = No Go to S8 7 = Don't know/Not sure Go to S8 9 = Refused Go to S8
S3. When was the last time your blood glucose or sugar level was measured by a health care professional?
1 = Within the past year (1 to 12 months ago) 2 = Within the past three years (1 to 3 years ago) 3 = Over three years ago 7 = Don't know/Not sure 9 = Refused

7 = Don't know/Not sure

9 = Refused

S4. Has any member of your family ever had diabetes?

To be asked of all respondents who responded "Yes" (01)to question 9.1 (Have you had a flu shot in the past 12 months?) We would prefer that these questions follow the Immunization Section (Section 9)

- S5. Earlier you said, you received a flu shot within the past 12 months. Did you receive a flu shot during September through December of 2000? (404)
 - 1 = Yes
 - 2 = No
 - 7 = Don't know/Not sure
 - 9 = Refused
- S6. Did you receive a flu shot this year, during January through May 2001?

(405)

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = Refused

STATE-ADDED ASTHMA QUESTIONS

If "yes" to core Q6.1, continue to S7. Otherwise, go to S9; but if "no children" to core Q13.6, go to S10.

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

- S7. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (406-407)
 - Number of visits [87 = 87 or more]
 - 88 None
 - 98 Don't know/Not sure
 - 99 Refused
- S8. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (408-409)
 - Number of visits [87 = 87 or more]
 - 88 None
 - 98 Don't know/Not sure
 - 99 Refused

	a said there were [fill in number from core Q13.6] children age 17 or younger live. How many of these children have ever been diagnosed with asthma?	ving in (410-
8 8 7 7 9 9	Number of children None Don't know Refused	
STATE-ADDI	ED DRUG-USE QUESTIONS	
I would like to	ask you a few questions about alcohol and other drug use by Montana youth	ı .
Do you think t	he following are problems among minors, persons under age 21, in your com	munity?
S10. Use of illi	cit Drugs?	(412)
1 = Ye 2 = No 7 = Do 9 = Re	n't know/Not sure	
S11. Use of alc	ohol?	(413)
1 = Ye 2 = No 7 = Do 9 = Res	n't know/Not sure	
Do you think r	minors risk harming <u>THEMSELVES</u> , physically or in other ways, if they:	
S12. Have 1 or	2 alcoholic beverages <u>occasionally?</u>	(414)
1 = Ye 2 = No 7 = Do 9 = Re	n't know/Not sure	
S13. Smoke ma	arijuana occasionally?	(415)
1 = Ye 2 = No 7 = Do 9 = Re	n't know/Not sure	

	56
S14. Have 5 or more alcoholic beverages <u>regularly?</u>	(416)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
S15. Smoke marijuana <u>regularly</u> ?	(417)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
Do you think the following laws are adequately enforced:	
S16. Minor in possession of alcohol?	(418)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
S17. Minor in possession of tobacco?	(419)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
S18. Selling alcohol to minors?	(420)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
S19. Selling tobacco to minors?	(421)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	

5	7
_	-

S20. Are you aware of any drug prevention programs operating in your community?	
1 = Yes 2 = No - Go to S22 7 = Don't know/Not sure - Go to S22 9 = Refused - Go to S22	
S21. Do you think these programs are effective?	(423)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
Do you think adults should allow a minor to:	
S22. Smoke cigarettes in their home?	(424)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
S23. Drink alcoholic beverages in their home?	(425)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
S24. Become intoxicated in their home?	(426)
1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	

(432)

I would like to ask you a few questions about the treatment of chemical dependency for adults and minors.

323. Are you aware of any Chemical Dependency Treatment programs operating in your community?	427)
1 = Yes	,,
2 = No - Go to Next Section	
7 = Don't know/Not sure - Go to Next Section	
9 = Refused - Go to Next Section	
S26. Do you think these programs are effective?	(428)
1 = Yes	
$2 = N_0$	
7 = Don't know/Not sure	
9 = Refused	
STATE-ADDED TRAFFIC SAFETY QUESTIONS	
S27. When placing any child safety seat in a motor vehicle, what is the safest location within the vehicle for the seat?	icle (429)
1= In the front passenger seat	
2= In the middle of the front seat	
3= Behind the driver in the back seat	
4= Behind the passenger in the back seat, or	
5= In the middle of the back seat	
7= Don't Know/Not Sure	
9= Refused	
S28. Would you support a law in Montana which makes the use of protective helmets mandatory for motorcycle riders of all ages?	(430)
1 = Yes	
$2 = N_0$	
7 = Don't Know/Not Sure	
9 = Refused	
S29. Do you support retaining Montana's mandatory seatbelt law?	431)
1 = Yes	
2 = No	
7 = Don't Know/Not Sure	
9 = Refused	

S30. Which of the following do you feel will make you MOST INTOXICATED?

Please Read

- 1 = A 12 oz. can of beer
- 2 = A 5 oz. glass of wine
- 3 =One shot of 80 proof whiskey
- 4 = All have the same effect
- 7 = Don't Know/Not Sure
- 9 = Refused
- S31. In Montana, what percent do you think is the legal blood alcohol content in order to be classified as driving while intoxicated? (433-436)

```
XXXX = Enter percent (no decimals)
```

7777 = Don't Know/Not Sure

9999 = Refused

- S32. If it were determined that the driver was a problem drinker, do you think that their license should be reinstated before their drinking problem is under control? (437)
 - 1 = Yes
 - 2 = No
 - 7= Don't Know/Not Sure
 - 9= Refused
- S33. How many drinks do you think YOU would have to consume in one hour to reach the LEGAL LIMIT to be classified as driving while intoxicated? (438-439)
 - 01-60= Number drinks
 - 77= Don't Know/Not Sure
 - 99= Refused

STATE-ADDED FIREARMS QUESTIONS

To be asked of those who respond Yes (01) to the Firearms Section Question 12.1

S34. Are your firearms kept in a secure, locked cabinet or storage container?

(440)

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = Refused

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = Refused

STATE-ADDED TOBACCO USE PREVENTION QUESTION TO BE ASKED FOLLOWING THE SMOKELESS TOBACCO AND TOBACCO USE PREVENTION OPTIONAL MODULES

In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all? Please read locations.

S36. Restaurants (442)

- 1 = Allowed in all areas
- 2 = Allowed in some areas
- 3 = Not allowed at all
- 7 = Don't know / Not sure
- 9 = Refused

S37. Bars, taverns, casinos

(443)

- 1 =Allowed in all areas
- 2 = Allowed in some areas
- 3 = Not allowed at all
- 7 = Don't know / Not sure
- 9 = Refused

S38. Other *indoor* public places, such as bowling alleys, community centers, laundromats, shopping malls, theaters, and so forth. (444)

- 1 = Allowed in all areas
- 2 = Allowed in some areas
- 3 = Not allowed at all
- 7 = Don't know / Not sure
- 9 = Refused